

at the testimony of people like Dr. Frederick Taussig, who visited Russia and made probably the closest and most expert study of the problem that has yet been published. (Cf. *Effects of Abortion on the General Health and Reproductive Functions of the Individual*. 1944; *The Abortion Problem: Proceedings of the National Committee on Maternal Health Conference*, 1942.) Taussig's views were reiterated by Dr. Hans Harmsen, a physician with very great experience of the problem, who said "even when undertaken by qualified physicians, interruption of pregnancy always involves physical and psychological injury for the patient." (See *The Medical Evil of Abortion*, 1953; *Third International Conference on Planned Parenthood* 1952.) In America, the Conference of leading authorities which took place in 1955 declared almost unanimously that "abortion whether legal or illegal is a traumatic experience, and in many cases its commission does not solve the basic problem". It added that "the vast number of illegal abortions done each year is many times the number consistent with sound medical and social practice".

Dr. Williams, however, now tells us that the law is not sufficiently liberal, which can only mean that he wants more rather than fewer abortions performed. When the fire is blazing, pour petrol on it.

What is perfectly certain is that legalizing abortion never will get rid of the unqualified and clandestine operator, and experience in Russia and elsewhere proves it. The fact is, no state authority or responsible medical institution can possibly agree to abort every woman who is ready to risk her life and health to get rid of her conceptus. In Russia, they draw the line at first abortions because, among other reasons, the hypoplastic organs are liable never to recover from the brutal endocrine shock to which they are subjected by induced abortion. Again, when a woman has had four abortions the Russian medical authorities cry halt; the same thing happens when women ask for abortion later than the third month of pregnancy. What happens in these cases, anyone could foresee: the women turn to the clandestine illegal operator. That is why, after decades of legalized abortion in Russia, in 1956 it was reported that "many women are being aborted privately". (*New York Herald Tribune*, October 25th, 1956.)

Dr. Glanville Williams's free for all policy would in fact promote a most terrible racket in illegal abortion by first advertising that it was

morally right and physiologically innocuous, and then refusing to carry it out in the responsibly operated clinics and hospitals. The most cruel and dangerous falsehood so industriously propagated by the misnamed reformers is that abortion does you no harm and that it is no more to be feared than a tonsillectomy or a dental extraction. By such totally misleading statements many women would be encouraged to place their lives and health in danger. As practically every responsible gynaecologist will testify, there is no harmless way of carrying out induced abortion.

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DR. GLANVILLE WILLIAMS writes:

In every reformist society there will be found a spectrum of opinion. I have never concealed my own view that the only satisfactory solution of the abortion problem is legalization for the medical profession, subject only to a restriction as to time. I said so in my book published six years ago. It may, however, be true that the best one can hope for as a matter of practical politics is the recognition by statute of a list of indications for abortion on Swedish lines. A proposal of this type has been and remains the official policy of the Abortion Law Reform Association.

No one advocates abortion as a desirable form of birth control. The point is that it may, in any given circumstances, be preferable to the alternative. Mr. Brewer's statement that abortion is a traumatic experience is misleading unless one adds that for a woman to have an unwanted baby in highly undesirable circumstances may be a far greater traumatic experience.

When, as in Japan and Eastern European countries, abortion becomes widespread as a result of the inadequacy of contraceptive facilities, it is natural and right that the medical profession should emphasize the harmful effects of the operation in some cases. But the question must be viewed in perspective, and Mr. Brewer's letter exaggerates. For example, Tietze and Lehfeldt, *Legal Abortion in Eastern Europe* (1961) (a work from which Mr. Brewer has himself on occasion selectively quoted), concludes with the remark that "the issue [of legalization] should not be clouded by unfounded claims as to the inherent dangers of the procedure".

Even if it were true that the risks of the surgical termination of pregnancy were so great

that a medical man ought to be considerably biased against recommending it (and this, I think, would be an overstatement), it would not follow that the operation ought to be banned by Act of Parliament. Parliament is not a kind of superlatively wise gynaecologist. The official attitude towards abortion is not the result of medical reasoning; it is the consequence of a particular theological opinion, which one can perhaps still detect underneath Mr. Brewer's highly emotional attitude to this question.

This correspondence is now closed.

EDITOR

### INHERITANCE OF INTELLIGENCE

*To the Editor, The Eugenics Review*

Sir,—Considering the extreme importance of the inheritance of intelligence there seems to be a striking lack of data comparing intelligence quotients of children with those of their own parents. Burt<sup>1</sup> classified intelligence of children and of parents according to eight occupational groups. Thomson<sup>2</sup> estimated the average I.Q. of the parents from those of the children, and stressed that "Actual measurement of two successive generations is desirable, indeed essential, and I would urge all who are in a position to facilitate such an experiment, or to contribute towards carrying it out, to do so". Many parents might resent taking I.Q. tests and much expense would be involved.

There are several groups of parents who might be keen to have such tests carried out. They include the Fellows and Members of The Eugenics Society, the members of the dental, medical and veterinary professions, and the members of the staff of universities and other educational bodies. Most of these people might be willing to pay to have the tests carried out,

or to organize group tests among themselves and those of their children who have left school. Schools would presumably supply the I.Q. of the children at school.

Similar instructive comparisons could be made of the I.Q. of occupants of H.M. Prisons, and those of their wives, with those of their children. Would some prisoners be able to help organize their tests?

The data might elucidate (a) the relationship of the parental I.Q. to those of their children, (b) whether the children's I.Q. were more related to their parents' I.Q., rather than to family size, (c) any effect on I.Q. of a child's order in the family.

Nisbet<sup>3</sup> discusses the problem of deaf children showing retardation in mental development and even in their performances in non-verbal tests of intelligence.

Cases of inherited deafness at birth may be found amongst dalmatian dogs, white bull terriers and white cats. As far as I am aware, such cases do not show less than normal intelligence. From analogy it seems unlikely that deafness in children might be associated with any lack of innate intelligence.

Would deaf children take longer than normal children to learn, by imitating mimes, such techniques as billiards, dancing, gymnastics, climbing, cycling, swimming, golf and tennis?

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### REFERENCES

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